

## Richmond County Affidavit of Cancelled/Lost/Spoiled Absentee Ballot

In accordance with O.C.G.A. 21-2-384(a)(5) and 21-2-388:

I, \_\_\_\_\_ residing at \_\_\_\_\_

With a date of birth of \_\_\_\_\_ do certify that I:

☐

DID NOT RECEIVE

☐

DID RECEIVE

An absentee ballot for the \_\_\_\_\_ and I request that it be cancelled.  
(Election Date)

Reason (choose one):

☐

LOST BALLOT

☐

SPOILED BALLOT

I declare under penalty of felony by the laws of the State of Georgia that the foregoing is true and correct.

**I will vote by one of the following methods:**

☐

I will vote in person at my polling place or during Advance Voting

☐

I am requesting a replacement ballot

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

### **OFFICE USE ONLY**

Replacement Ballot # \_\_\_\_\_ Mail Out Date \_\_\_\_\_

Voter Reg # \_\_\_\_\_ Precinct # \_\_\_\_\_ Employee Initials \_\_\_\_\_